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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3738
Examiner Bruce E. Snow

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/921,844
Gary K. Michelson
Filed: August 3, 2001
SPINAL IMPLANT SURFACE CONFIGURATION
Attorney Docket No. 101.0084-01000
Customer No. 22882
Confirmation No.: 8295

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 21

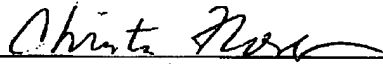
Date: December 29, 2009

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Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,110.00 total amount to cover the \$1,110 fee for three-month extension of time is to be charged to Deposit Account No. 50-3726), Amendment, and Declaration Under 37 C.F.R. § 1.131 with Exhibit A are being facsimile transmitted to the U.S. Patent and Trademark Office on December 29, 2009.


Christine Flores

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FORM PTO-1083

Attorney Docket No.: 101.0084-01000
Customer No. 22882

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Examiner: Bruce E. Snow

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated July 1, 2009 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a three-month extension of time to respond to the above office action.
- ☒ A Declaration Under 37 C.F.R. § 1.131 and Exhibit A are enclosed.
- ☐ An Information Disclosure Statement Under 37 C.F.R. § 1.97(____) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	97	-	127	**	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$1,110.00 to cover the three-month extension fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: December 29, 2009

By: /Amedeo F. Ferraro/
Amedeo F. Ferraro
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Transmittal of Amendment 12-29-09

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Attorney Docket No.: 101.0084-01000

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